

Intervention: Tobacco harm reduction (THR) products

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

- | | |
|--|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input checked="" type="checkbox"/> State public health departments | <input checked="" type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Tobacco harm reduction products are modified tobacco and cigarette-like items that deliver smaller amounts of toxins. Unlike other drugs – such as an antidepressant and nicotine in gum, patches, inhalers, and nasal spray – which are strictly regulated by the Federal Drug Administration (FDA) for short-term use to help people quit smoking, modified tobacco and cigarette-like products are not regulated by the FDA or any federal agency for their potential to reduce tobacco-related disease.

Findings from the systematic reviews:

There is insufficient evidence to support the use tobacco harm reduction products as a means for reducing tobacco use. A study conducted via semi-structured phone interviews with 29 professionals with expertise related to tobacco and interest in THR found no consensus on the specifics of THR products. The participants did agree that effective government regulation is needed to minimize the risks associated with THR and maximize the potential benefits.

Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

References:

Martin EG, Warner KE, Lantz PM. Tobacco harm reduction: what do the experts think? Tobacco Control 2004; 13(2):123-8.